FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Mar 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name F24454 (3) VENETIAN MARBLE & GRANITE, INC. Principal Place of Business Mailing Address 4571 PONCE DE LEON BLVD. 4571 PONCE DE LEON BLVD. **CORAL GABLES FL 33146** CORAL GABLES FL 33146 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1981 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 1040 S.E. 14th St. 26 59-2621389 1040 S.E. 14th Street Suite, Apt. #, etc Suite, Apt. #, etc \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 <u>Hialeah,</u> Hialeah, Florida Countr 8. This corporation owes or has paid the current year Intangible 33010 33010 USA USA Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARIUTTO, EUGENE L 4573 PONCE DE LEON BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33146** 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typied or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE TITLE MARIUTTO, EUGENE L. NAME 1.2 NAME 4573 PONCE DE LEON BLVD. STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY+ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE ☐ Change Addition 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE

CITY - ST - ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual month is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

3/16/98 305-889-2974

Change

Addition

CR2E034